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KENTUCKY BOARD OF NURSING

312 Whittington Parkway, Suite 300
Louisville, Kentucky 40222-5172

Ernie Fletcher
Governor



Counselor Evaluation

Participant Name: _____

- ☐ KARE
☐ Probation

Evaluation for the month(s) of: _____

Progress in Recovery	Rating	Comments
	Excellent – Poor	
Stability in recovery	5 4 3 2 1	
Support system(s)	5 4 3 2 1	
Problem solving ability	5 4 3 2 1	
Ability to cope with stressful situations	5 4 3 2 1	
Decision making ability during a crisis	5 4 3 2 1	
General appearance	5 4 3 2 1	
Client's understanding of need for counseling and rehabilitation	5 4 3 2 1	
Attendance at sessions	5 4 3 2 1	
Compliance with recommended treatment regimen	5 4 3 2 1	
Progress in treatment	5 4 3 2 1	
Affect/Mood	5 4 3 2 1	
Willingness to make behavioral change(s)	5 4 3 2 1	
Social skills/interactions	5 4 3 2 1	
Openness/Honesty	5 4 3 2 1	
Asks for Help	5 4 3 2 1	
Attitude/Motivation	5 4 3 2 1	
Exhibits insight	5 4 3 2 1	
Gives feedback	5 4 3 2 1	
Judgment	5 4 3 2 1	
Participation in group	5 4 3 2 1	

Counselor's Initials

Participant Name: _____

Additional Comments/Recommendations:

Name (Print)

Name (Signature)

Name of Facility: _____

Address: _____

Telephone Number: _____ Date: _____

9/18/2006
jmc